331

2902

ARIZONA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS STATE FILE NO

			DIVISION OF AL			// 1
			CERTIFICAT	F OF DEATH		41.
			CERTIFICAT		REGISTRAR'S NO.	
				2. USUAL RESIDENCE	WHERE DECEASED LIVE	NCE BEFORE ADMISSION I.
	BIRTH NO.		''		B. CO	DUNTY Land
- UV	1. PLACE OF DEATH	_	•	A. STAT		
1 33	A. COUNTY			C. CITY HE OUTSIDE	ORPORATE LIMITS, WRI	LE KONYE)
DEATH	sron	iam	E C. LENGTH OF STAY	C. CITY III DOISING		1
22	B. CITY (IF OUTSIDE COL	RPORATE LIMITS. WRITE	IN THIS PLACE IN ARIZONA	TOWN CARDO	rd. Cur	
67	or / PUR	MLY	20 gra 68 4"	1 " <u>" J # 7 "</u>	UE RURA	L. GIVE LOCATION!
* 1	TOWN 3 affer	.લ (D. STREET	(11	
SIDENCE	D. FULL NAME OF UF	NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	ADDRESS		
	HOSPITAL OR AL	DORESS OR LOCATION		1	4. SEX	15. COLOR OR RACE
5 · [INSTITUTION		C.	(LAST)		- 1 · · · · · · · · · · · · · · · · · ·
	3 NAME OF A. OF	IRST1 B.	(MIDDLE) C.		FM.	W.
~)	2. MARIL OI	- Inoli		BROWN		SINE KIND OF WORK
32,725	DECEASED POL	IV ELIS	1a,	IF UNDER 24 HOURS	19A. USUAL OCCUPATI	ON (GIVE KIND OF WORK LIFE, EVEN IF RETIRED).
	(TYPE OK FRIIIT)	SET OF BIRTH	8. AGE	HOURS MIN.	DURING MOST OF	Life, Even
- 11	6 MARRIED 7	DATE OF BIRTH		i I		- SCHOLLY
	NEVER MARRIED	61 10	7 7 7 9	12. WAS DECEASED EVER	LL C APMED FORCES	13. SOCIAL SECURITY
ENT &	WIDOWED TOUVORCED	nor 1 11 11	CITIZEN OF WHAT	12. WAS DECEASED EVER	VES WAR OR DATES OF SER	NO.
KN1 3	98. KIND OF BUSI.	O. BIRTHPLACE IST	COUNTRY!	12. WAS DECEASED EVER		
JAAC	NESS OR INDUSTRY	OR FOREIGN COUNTS	" M.S	1		LED DIRTHPLACE
744F^7 V		With_	1 70170	15A. MOTHER'S MAID	EN NAME	(STATE OR COUNTRY)
TA / /4	House		148. BIRTHPLACE	. 1		Mitak
TAR E F	14A. FATHER'S NAME	C 1/	STATE OR COUNTRY	larah	incetua IVa	
U_{i}	/Gant	A beaung	Wallhar MAIN	1	(MONTH)	(DAY) (YEAR)
Š	Nar C	-	ADDRESS	17. DATE //	(MO	e :
11/2	16. INFORMANT'S SIGN	AT UKE		DEATH (ne 20-4	7
: 6 Y 9		2 7000				INTERVAL BETWEEN
	GARAGE	2. X min	MEDICAL	CERTIFICATION	// /	ONSET AND DEATH
	18. CAUSE OF DEATH	- 1 /		. 0 31 1	1 Brue on Me	an any
ି 🔾	ENTER ONLY ONE CAUSE	I. DISEASE OR ON	NOTIONS	- Company	CONTRACTOR OF THE PARTY OF THE	7
3 04 17	PER LINE FOR (a). (b).	DIRECTLY LEADIN	G TO DEATH* (4)			
USE 27	(C).			//	100	11 Marso
USE &	THIS DOES NOT MEAN	ANTECEDENT CAU	SES	Cans	- chique	
ે F .	THE MODE OF DYING.		TE ANY GIVING DOT	·		
\mathbb{C}^r i	IL ANGULAS HEART FAIL!			// //		_
≒тн	/ L ASTHENIA, ETC.	ING THE UNDERLYING	C CVO2C THESE	// 0		
	IT MEANS THE DISEASE	***-	DUE TO IC	<u>, </u>		
JA 18) ,	INJURY, OR COMPLICA- TION WHICH CAUSED		CONDITIONS			i
P 15' (DEATH.	II. OTHER SIGNIF	ICANT CONDITIONS BUTING TO THE DEATH BUT N	от .		
	PLACE DISEASE CON-	CONDITIONS CONTRI	BUTING TO THE DELICH CAUSIN	IG DEATH.		20. AUTOPSY?
·	TRACTER.	RELATING TO THE U	BUTING TO THE DEATH BUT A DISEASE OR CONDITION CAUSIN JOR FINDINGS OF OPERAT	ION		YES NO XX
	19A. DATE OF OPERA	TION 198. MA	JOK PINEMES			
TIONS, "	O I ISA. DAIL SI	ļ	-		ME, 21C. (CITY OR TO	WN) (COUNTY) (STATE)
OPSY '	6	l	THE OF IN	JRY (E. G., IN OR ABOUT HO	ME, 21C. (CITE OR TO	
7521	, I	(SPECIFY)	21B. PLACE OF THE	STREET, OFFICE BLDG., ETC.	,	
	21A. ACCIDENT	•-	FARM.			
TH /	HOMICIDE			RED 21F. HOW DID INJU	RY OCCUR?	
то 🕹		(DAY) (YEAR) (H	OUR) 21E. INJURY OCCUR			
	21D. TIME (MONTH)	(DAY) (YEAR) (A	havene AT NOT WH	"LECT A		
RNAL	_ OF		M WORK AT WOR	<u> </u>	49	THE DECEASED
ENCE	, ANDENI			1/2 19 19 1/1	19_7_/.	THAT I LAST SAW THE DECEASED
7 <u></u>	22. I HERENY CERTI	· · · · · · · · · · · · · · · · · · ·	THE DECEASED FROM		AND ON THE DATE STATE	D ABOVE.
	22. I HERENY CERTI	FY THAT I ATTENDED	THAT DEATH OCCURRED AT	M., FROM THE CAUSES	AND ON THE STATE OF	239. DATE SIGNED
CAL		2. 19 Z Z AND	(717)	23B. ADDRESS	1 // 1	16/1/149
ONER'S	ALIVE ON THE		(DEGREE OR TITLE)	'	10-11 120	3 1/4/7/
	23/1. 340/19-1	// 1 / 1 / 1 / 1/			MA U	STATE
CATION		I I MANUELLE		METERY OR CREMATORY	24D. LOC/2101	
<u></u> _		24B. DATE	24C. NAME OF CE	- A - D - //-	11/11	aton lever
,	I 24A, BURIAL	1 245. 57.		Lu Cindle	4 1 17/00	ADDRESS
RAL 2	CREMATION D	1/ 1 2/2	hate	26. FUNERAL DIR	ECTOR'S SIGNATURE	ADDRESS
TOR	REMOVAL D	Lune of 6	R'S SEGNATURE	1 / 26. FUNERAL DIR	5 .	Silmont
	/ B		ZI JAL	(// // Ch	auson	Lattorie.
ŲD ૐ	ALOCAL BEGIL	al VX //// //	Trattan 141			
TRAR	V1.0.0.1949	THE	VYV	1 At The sales	K .	
i	11149	Children to	x ceruy (1	114 6/		
	FORM YS 2" NEV. 1-1-49				· *	(2)
1	- /	The second second second			•	